REMARKS

Applicant respectfully requests further examination and reconsideration in view of the arguments set forth fully below. In the Office Action mailed July 29, 2004, claims 1-3, 5-8, 10, 11 and 22-31 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,260,021 to Wong (hereinafter "Wong") in view of U.S. Publication No. 2003/0229514 to Brown (hereinafter "Brown"). In response, the Applicant has submitted the following remarks. Accordingly, claims 1-3, 5-8, 10, 11 and 22-21 are pending. Favorable reconsideration is respectfully requested in view of the remarks below.

REJECTION OF CLAIMS 1-3, 5-6 and 28-31

In rejecting independent claim 1, the Examiner stated that Wong taught all of the features of claim 1 except that Wong did not explicitly disclose the conversion of the first user interface co-segment of the first component and the second user interface code segment of the second component to a uniform user interface and the communication of patient data between the functionality code segments of the first and second component and the uniform user interface. For this feature, the Examiner cited Brown and stated that Brown taught first and second user interface layers configured to convert first user interface code segments and second user interface code segments to a uniform user interface to communicate patient data between the functionality code segments of the first and second components.

Claim 1 requires a container application that can be configured to integrate the functionality of a first component or application (e.g., a PACS component), a second component or application (e.g., a RIS component) and other components or applications. The first component and the second component each include a different user interface. The first and second user interfaces may receive user input and/or generate display signals for a user display.

As required by claim 1, the user interface layers of a container application control the user interfaces of the first and second components. Specifically, the uniform user

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interface allows communicated patient data from the functionality code segment of the first and second components to be formatted with the same look and feel. In this exemplary embodiment, the uniform user interface format allows the patient data from the first component and the second component to be formatted and optionally displayed, with the same look and feel regardless of whether the first component and the second component have similar interface codes.

As the Examiner correctly noted, Wong does not teach or suggest converting a first user interface of a first component or application and a second user interface of a second component or application into a uniform user interface. Further, Wong does not teach or suggest utilizing the uniform user interface such that patient data of a functionality code segment of the first and second components are formatted with the same look and feel. Rather, Wong teaches a three tiered object-oriented system for medical image distribution. The third tier includes client systems that each have object oriented GUIs. Specifically, Wong states that when a request for image data is made, the client system downloads the appropriate GUI or retrieves the appropriate GUI for the particular image data type, user and work station. Wong, however, does not suggest converting the first user interface of the first component and the second user interface of the second component to a uniform user interface such that the patient data of the functionality code segment of the first and second components are formatted with the same look and feel, as required by independent claim 1.

In the Office Action, the Examiner relied upon the Brown to indicate that it would have been obvious to combine Brown with Wong to teach the first and second user interface layers are configured to convert the first user interface code segment of the first component and the second user interface code segment of the second component to a uniform interface and to communicate patient data between the functionality code segments of the first and second components, respectfully, in the uniform user interface such that the patient data of the functionality code segments of the first and second

components are formatted with the same look and feel. Upon reviewing Brown, Applicant believes that Brown does not teach such an element.

Brown is directed to a network system for identifying an individual, communicating information to the individual, and remotely monitoring the individual. The system in Brown includes a remotely programmable apparatus that occasionally connects to a server via a communication network such as the internet. The remotely programmable apparatus interacts with the individual in accordance with a script program received from the server.

Among other capabilities, the script program may instruct the remotely programmable apparatus to identify the individual, to communicate information to the individual, to communicate queries to the individual, to receive responses to the queries, and to transmit information identifying the individual and the responses from the remotely programmable apparatus to the server. The information identifying the individual may be used by either or both the server system and remotely programmable apparatus for security, customization and other purposes [Brown, abstract].

In the system taught by Brown, the microprocessor executes the script programs to identify the individual, communicate the query sets to the individual, receives the responses to the query sets, and transmit the responses to the server through the communication network [Brown, pg. 3, ¶ 3]. The system in Brown is a single solitary component having a single functionality code segment. Brown does not teach a first and a second component having a first and a second user interface. The system of Brown is not related to the medical imaging field and thus, a person of ordinary skill in the art would be unlikely to combine Brown with the teachings of Wong. Brown is in a vastly different technical field and is not analogous prior art to the field of the retrieval, display and analysis of medical imaging displays. Thus, it is the Applicant's belief that the Examiner has improperly cited Brown and such reliance upon Brown should be withdrawn.

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Even if Wong and Brown were improperly combined, neither Brown or Wong teach that first and second user interface layers are configured to convert the first user interface code segment of the first component and the second user interface code segment of the second component to a uniform interface and to communicate patient data between the functionality code segments of the first and second components, respectfully, in the uniform user interface such that the patient data of the functionality code segments of the first and second components are formatted with the same look and feel. Upon reviewing Brown, Applicant believes that Brown does not teach such an element required by independent claim 1. Instead, Brown specifically deals with communicating a single data component through a patient monitoring system.

Neither Wong or Brown, either alone or in combination, teach or suggest converting a first user interface of a first component and a second user interface of a second component into a uniform user interface such that the patient data of the functionality code segment are formatted with the same look and feel. Accordingly, Applicant believes claim 1 is allowable over the teachings of Wong and Brown.

Claims 2-3, 5-6 and 28-31 depend directly or indirectly from claim 1 and are believed to be allowable based upon the above arguments for allowance as well as in view of the subject matter of each claim.

REJECTION OF CLAIMS 7-8 and 10-11

In rejecting independent claim 7, the Examiner stated that Wong did not explicitly disclose a data manager but included a user interface code segment in communication with the first and second applications for converting the first user interface and the second user interface to a uniform user interface, and for receiving the patient image data and patient text data for generating display signals based on the patient image data and the patient text data according to a predetermined display format, when the predetermined display format has a common look and feel for the patient image data and the patient text

data. However, the Examiner stated that this feature was known in the art, as evidenced by Brown.

As discussed above in the arguments for allowance of independent claim 1, the Brown reference relied upon by the Examiner teaches a patient monitoring system having a single solitary component and monitoring application. The teaching of Brown is not concerned with the display of patient image data from multiple, distinct applications such that the patient image data and patient text data is displayed in a common format. Further, Wong does not teach or suggest, nor render obvious the display of the patient image data and patient text data in this common display format. Instead, Wong teaches the downloading of a GUI as needed from the image server. Thus, the GUI for the object oriented interface taught by Wong does not define a predetermined display format, as required by independent claim 7.

Based upon these distinctions, as well as the arguments for allowance of independent claim 1, independent claim 7 is believed to be in condition for allowance and such action is respectively requested.

Claims 8, 10-11 depend directly or indirectly from claim 7 and are believed to be allowable based upon the above arguments for allowance, as well as in view of the subject matter of each claim.

REJECTION OF CLAIMS 22-27

As with independent claims 1 and 7 described above, the Examiner rejected independent claim 22 based upon the combination of Wong and Brown. Likewise, the Examiner stated that the Wong reference did not disclose configuring both the patient image data and the patient text data according to a predetermined display format and ultimately displaying the configured patient image data and patient text data. For this feature, the Examiner relied upon Brown.

As discussed above, it is the Applicant's belief that Brown, when combined with Wong, does not teach or suggest, nor render obvious the use of a predetermined display

format such that the patient image data and the patient text data have the same look and feel when displayed. Instead, Brown is simply directed to a network system for identifying an individual, communicating information to an individual, and remotely monitoring the individual. Further, it is the Applicant's belief that Brown does not in fact teach configuring image data at all, as image data does not exist at all in Brown.

Based upon the claim amendments and the above arguments for allowance, independent claim 22 is believed to be in condition for allowance. Claims 23-27 depend directly or indirectly from claim 22 and incorporate all the limitations of claim 22 and are therefore believed to be allowable over the combination of references cited.

CONCLUSION

For these reasons, Applicant respectfully submits that all of the claims are now in condition for allowance, and allowance at an early date would be appreciated. Should the Examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.

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